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COMMITTEE ON FINANCIAL SERVICES

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Consent for Release of Personal Records by Executive Agencies		
Name of Agency:		
To Whom It May Concern:		
I have sought assistance from Congressman Michael G. Fitzpatrick on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.		
I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Michael G. Fitzpatrick or any authorized member of his staff until this matter is resolved.		
Signature of Claimant		
Print Name Date of Birth		
Mailing Address		
City, State and Zip Code		
Social Security # VA Claim # (if applicable)		
Telephone # for Claimant. If none, # where you could be reached		
Please return this form to my office, located in:		
Washington, DC Langhorne Doylestown		

ıbject:	Attention:		
Information Taken By: Taken:By PhoneDuring (Date: Old Case New Cas	
Tailing Address:			
hone# H.()	w: <u>(</u>)	Other:() Date of Birth:	